



U.S. Department of State  
**APPLICATION TO DETERMINE RETURNING RESIDENT STATUS**

OMB APPROVAL NO. 1405-0091  
EXPIRATION DATE 05/31/2004  
ESTIMATED BURDEN: 30 MINUTES\*

**INSTRUCTIONS:**

This is an application for Special Immigrant Status under Section 101(a)(27)(A) of the Immigration and Nationality Act, for lawfully admitted permanent residents who are returning from a temporary visit abroad. To qualify you must submit with this application evidence that:

- (1) You had the status of an alien lawfully admitted for permanent residence at the time of departure from the United States;
- (2) You departed from the United States with the intention of returning and you have not abandoned this intention; and
- (3) You are returning to the United States from a temporary visit abroad and, if the stay abroad was protracted, this was caused by reasons beyond your control and for which you are not responsible.

Applicants must submit evidence with this application to support the above requirements, including proof of lawful permanent residence (Examples: Form I-151, I-551, Reentry Permit, etc.), dates of travel outside of the United States (Examples: airline tickets, passport stamps, etc.), proof of ties to the United States and intent to return (Examples: tax returns, and evidence of economic, family and social ties to the United States), and proof a protracted stay was for reasons beyond the applicant's control (Examples: medical incapacitation, employment with a U.S. company, accompanying a U.S. citizen spouse, etc.). All documents will be returned to you.

1. FAMILY NAME		FIRST NAME		MIDDLE NAME	
2. OTHER NAMES USED, ALIASES (If married woman, give maiden name)					
3. CURRENT HOME ADDRESS AND TELEPHONE NUMBER					
4. PLACE OF BIRTH (City, Province, Country)				5. DATE OF BIRTH (mm-dd-yyyy)	
6. MARITAL STATUS <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Married If married, information about spouse</div><div><input type="checkbox"/> Single (Never married)</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div></div> <div style="margin-top: 5px;">a. Name (Last, First, MI): _____</div> <div style="margin-top: 5px;">b. Address: _____</div> <div style="margin-top: 5px;">c. Place of Birth: _____</div> <div style="margin-top: 5px;">d. Date of Birth: (mm-dd-yyyy) _____</div> <div style="margin-top: 5px;">e. U.S. Residence Status, if any (U.S. citizen, legal permanent resident, etc.): _____</div> <div style="margin-top: 5px;">f. Date of Marriage to You: (mm-dd-yyyy) _____</div>					
7. LIST BELOW ALL CLOSE FAMILY MEMBERS IN THE UNITED STATES					
FULL NAME		RELATIONSHIP		RESIDENT STATUS	
PLACE OF RESIDENCE					
_____					
_____					
_____					
_____					
8. PREVIOUS IMMIGRATION RECORD					
a. INS "A" Number: _____		b. Immigration Category: _____			
c. Previous Immigrant Visa:		d. Adjustment of Status			
DATE OF ISSUE (mm-dd-yyyy)	PLACE OF ISSUE	DATE OF ADJUSTMENT OF STATUS WITH INS (IF ANY) (mm-dd-yyyy)	PLACE OF ADJUSTMENT OF STATUS WITH INS (IF ANY)		
_____	_____	_____	_____		
e. Initial Entry into the United States as Lawful Permanent Resident:		f. Last Entry into the United States as Lawful Permanent Resident:			
DATE OF ENTRY (mm-dd-yyyy)	PORT OF ENTRY	DATE OF ENTRY (mm-dd-yyyy)	PORT OF ENTRY		
_____	_____	_____	_____		
9. MOST RECENT DEPARTURE FROM THE UNITED STATES					
Date of Departure: (mm-dd-yyyy) _____		Destination: _____			
Reason: _____					

**Privacy Act and Paperwork Reduction Act Statements**

This information asked for on this form is requested pursuant to Sections 101 and 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form to determine your eligibility for returning resident status. Individuals who fail to submit this form or who do not provide all the requested information may be denied returning resident status. Upon your return to the United States in immigrant status, the information collected will be protected from disclosure under the Privacy Act.

\*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, D.C. 20520.

10. WHAT CONTINUING TIES HAVE YOU MAINTAINED WITH THE UNITED STATES? WHAT EFFORTS HAVE YOU MADE TO AVOID ABANDONING YOUR PERMANENT RESIDENT STATUS IN THE UNITED STATES?

11. REASONS FOR NOT RETURNING TO THE UNITED STATES UNTIL TIME OF THIS APPLICATION

12. LIST BELOW ALL PERIODS THAT YOU HAVE LIVED OUTSIDE OF THE UNITED STATES FOR SIX MONTHS OR LONGER SINCE YOUR INITIAL ENTRY INTO THE UNITED STATES AS A PERMANENT RESIDENT

DATES (mm-dd-yyyy) FROM - TO

COUNTRY

13. HAVE YOU BEEN EMPLOYED OUTSIDE OF THE UNITED STATES?

☐ YES

☐ NO

If "Yes" complete the following:

NAME OF EMPLOYER

ADDRESS

FROM (mm-dd-yyyy) TO (mm-dd-yyyy)

14. I WISH TO RETURN TO THE UNITED STATES ON OR ABOUT

Date (mm-dd-yyyy)

15. I swear or affirm that all statements which appear on this application are true and complete to the best of my knowledge and belief. I understand that any false or misleading statement or willful concealment of a material fact may subject me to permanent exclusion from the United States. I understand that if this application for special immigrant status is approved, I must apply for an immigrant visa within six months from the date of approval.

Signature of Applicant

Date (mm-dd-yyyy)

DO NOT WRITE BELOW THIS SPACE - OFFICIAL USE ONLY

☐ Approved 101(a)(27)(A)

☐ Disapproved

Reason:

Signature of Consular Officer

Date (mm-dd-yyyy)

At:

Post

REVIEWED: ☐ Concur

☐ Do NOT Concur

Signature of Reviewing Officer

Date (mm-dd-yyyy)